

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN313AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN SPRINGS ASSISTED COMM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2765 N MOUNTAIN STREET CARSON CITY, NV 89703</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seventeen. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure 2 of 10 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #7 and #11) for the protection of all residents.  Severity: 2 Scope: 3	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105  Y 105 SS=D	Continued From page 1  449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure 2 of 10 caregivers met background check requirements (Employee #5, #10).  Severity: 2 Scope: 1	Y 105  Y 105		
Y 434 SS=D	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 3 of 12 months (September and October of 2008, and August of 2009).  Severity: 2 Scope: 1	Y 434		

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Y 444	Continued From page 2	Y 444		
Y 444 SS=D	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (June of 2009).</p> <p>Severity: 2 Scope: 1</p>	Y 444		
Y 450 SS=E	<p>449.231(1) First Aid and CPR</p> <p>NAC 449.231</p> <p>1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>This Regulation is not met as evidenced by:</p>	Y 450		

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Y 450	Continued From page 3  Based on record review on 9/1/09, the facility did not ensure that 3 of 10 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #1, #8, and #9).  Severity: 2 Scope: 2	Y 450			

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